



CONFINEMENT EXPENSES FORM
EMPLOYEES' STATE INSURANCE CORPORATION



(Rule 56-A)

I, wife/son of, Insurance
No..... hereby state that I/my wife gave birth to a child on at
..... District in the State of

- I declare that no medical facilities under the ESI Scheme exist at the place of my child's birth.
- I further declare that earlier I have claimed confinement expenses for no child /one other child
- I also declare that my husband / wife has not preferred any claim for confinement / medical expenses from concerned
ESI Dispensary or any other source.
- I hereby claim confinement expenses of Rs..... (Rupees
.....) only

Signature / Thumb Impression of Insured Woman / Insured Person

CERTIFICATE BY INSURANCE MEDICAL OFFICER

1. Certified that facilities for confinement was not available at this center on.....
2. Certified that the ESI hospital in which arrangement for maternity services have been made by the state Government is
far away from ESI Dispensary / place of confinement
3. Certified that the IP/IW has not availed cashless medical facility for confinement from empanelled hospital has not
submitted any claim for reimbursement of expenditure in connection with the aforesaid confinement
4. Certified that this case was referred to empanelled hospital / Medical college hospital for confinement

Date:

Signature of IMO (with seal)

